

BodyTalk Informed Consent Form

I _____ understand that the
(print name)

BodyTalk session provided by this Certified BodyTalk Practitioner is intended to enhance relaxation, increase communication within the areas of the body, and to educate me to possible energetic or emotional blocks that may create pain and disease. BodyTalk is non-invasive, safe, and objective. It utilizes the body's own innate intelligence to reestablish communication within itself.

I understand that BodyTalk is not a substitute for medical treatment or medications. I am aware that the BodyTalk Practitioner does not diagnose illness or disease nor does the Practitioner prescribe medications.

Printed name: _____

Signature (or signature of guardian): _____

Date: _____

